

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90100 023 \*\*\*150.00

**DOCUMENT # F94000006193**

1. Entity Name  
**SDA FINANCE COMPANY**

Principal Place of Business  
**777 SOUTH FLAGLER DRIVE  
 WEST TOWER SUITE 1400  
 WEST PALM BEACH FL 33401  
 US**

Mailing Address  
**777 SOUTH FLAGLER DRIVE  
 WEST TOWER SUITE 1400  
 WEST PALM BEACH FL 33401  
 US**

A0060070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**777 S FLAGLER DRIVE**

Suite, Apt. #, etc.  
**EAST TOWER, SUITE 1000**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33401**

Country  
**USA**

3. Mailing Address  
**777 S FLAGLER DRIVE**

Suite, Apt. #, etc.  
**EAST TOWER, SUITE 1000**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33401**

Country  
**USA**

4. FEI Number **65-0535308**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ABRAHAM, S. DANIEL 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEINBERG, EDWARD L DR. 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TSANG, CARL 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, PETER JR 101 PARK AVENUE, SUITE 3500 NEW YORK NY 10178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ABRAHAM, S. DANIEL 777 S FLAGLER DR., EAST TOWER, SUITE 1000 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEINBERG, EDWARD L DR. 777 S FLAGLER DR., EAST TOWER, SUITE 1000 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOONAN, CHARLES 777 S FLAGLER DR., EAST TOWER, SUITE 1000 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. NOONAN 4/24/01 (361) 820-1320

Date Daytime Phone #

2001/4/30

CR2E034 (10/00)